

NPI Project Development
Health Plan/Program Contractor _____
As of: _____

Tasks & Milestones	Health Plan Proposed Begin	Health Plan Proposed End	Status
Requirements Definition			
<input type="checkbox"/> Definition Completed			
<input type="checkbox"/> Contract/Scope of Work Agreement Executed with Vendor			
<input type="checkbox"/> Detailed Schedule Completed			
Design			
<input type="checkbox"/> Design Specifications for Changes Completed			
System Development			
<input type="checkbox"/> Development Completed			
<input type="checkbox"/> Unit/System Testing Completed			
Acceptance Testing			
<input type="checkbox"/> Acceptance Test Plan Completed			
<input type="checkbox"/> Test Data Defined			
<input type="checkbox"/> Acceptance Testing Started			
<input type="checkbox"/> Acceptance Testing Completed			
Policies and Procedures			
<input type="checkbox"/> Policies and Procedural Changes Defined			
<input type="checkbox"/> Billing Procedures Updated as Required			
<input type="checkbox"/> Internal Training Completed			
Implementation of Changes			
<input type="checkbox"/> Software Changes Implemented			

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Issues	Targeted Resolution	Status Date	Status	Comments
1.				
2.				

To the best of my knowledge all changes are being made to support key implementation dates as outlined.

Health Plan/Program Contractor Project Manger/Contact:

Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____